

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 19382

MAJOR S

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.8	9.6	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	810	903		*****	22	24		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	86	*****		*****	2.3	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.48	6.06		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

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01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	283	393		*****	7.5	9.6		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

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PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.4	10.3	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	424	576		*****	12	15		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	96	*****		*****	2.7	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .005	< .005		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.427	6.473		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

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				MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	284	341		*****	7.7	9.2		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

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03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.9	8.4	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	517	673		*****	11	13		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	129	*****		*****	2.8	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.48	7.958		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

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PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 19382

MAJOR 5

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	293	365		*****	6.3	7		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
DIFFERENT)
NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382
FACILITY: WEST GOSHEN STP
LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382
ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

DMR Mailing ZIP CODE: 19382
MAJOR S
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu] 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	.011	.011		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP] 39100 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .003	< .003		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 19382

MAJOR S

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.3	9.3	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.8	*****	6.7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 318	403		*****	< 8	11		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 49	*****		*****	< 1.2	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	81	*****		*****	2.1	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.655	5.801		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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MAJOR \$

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	173	208		*****	4.5	5.4		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8	8.6	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	6.8		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	369	508		*****	11	14		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	41	*****		*****	1.2	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	62	*****		*****	1.8	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.191	4.92		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	154	220		*****	4.4	6		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.7	8.3	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 225	292		*****	< 6	8		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 26	*****		*****	< .8	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	55	*****		*****	1.6	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.153	5.27		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 103	121		*****	< 3	3.7		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382
FACILITY: WEST GOSHEN STP
LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382
ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.007	.007		0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.0279	.0279		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH
 ADDRESS: 848 S CONCORD RD
 WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
 WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.6	8.1	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.7	*****	7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 196	< 250		*****	< 6	< 7		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 42	*****		*****	< 1.3	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	55	*****		*****	1.6	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.978	5.296		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
Different)
NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382
FACILITY: WEST GOSHEN STP
LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382
ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 92	115		*****	< 2.8	3.6		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 19382

MAJOR S

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.5	8.5	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	6.7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 142	< 165		*****	< 5	< 5		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 29	*****		*****	< 1	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46	*****		*****	1.5	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.533	4.1		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP
LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 70	< 76		*****	< 2.4	< 2.5		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.3	8.5	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.8	*****	6.8		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 148	160		*****	< 5	6		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 33	*****		*****	< 1.2	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	54	*****		*****	1.8	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.395	4.697		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 75	94		*****	< 2.7	3.2		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.01		0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.0222	.0222		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.1	8.7	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.8	*****	7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 165	209		*****	< 5	6		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 17	*****		*****	< .5	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	51	*****		*****	1.7	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.656	5.455		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 77	94		*****	< 2.5	2.8		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382
FACILITY: WEST GOSHEN STP
LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382
ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.2	8.9	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	7.5		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	225	350		*****	< 7	11		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 26	*****		*****	.9	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.625	4.085		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
Different)
NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382
FACILITY: WEST GOSHEN STP
LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382
ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	112	135		*****	3.7	4.5		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
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LOCATION: 848 S CONCORD RD
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ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8	8.9	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	6.7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	509	594		*****	15	16		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 44	*****		*****	< 1.2	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.096	6.017		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
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ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	180	216		*****	5.3	6		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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WEST CHESTER, PA 19382

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PA0028584	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.021	.021		0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.0037	.0037		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.5	8.6	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	922	1156		*****	26	31		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 48	*****		*****	< 1.4	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.293	5.685		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	261	311		*****	7.3	8.4		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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WEST CHESTER, PA 19382

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LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.9	9.8	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	661	781		*****	14	15		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 55	*****		*****	< 1.1	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.633	7.98		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	246	310		*****	5.2	6.2		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

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DISCHARGE MONITORING REPORT (DMR)

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WEST CHESTER, PA 19382

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WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.9	9.4	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	392	471		*****	9	10		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 50	*****		*****	< 1.2	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.943	6.179		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	183	276		*****	4.4	6.1		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	03/31/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.014	.014		0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .00316	< .00316		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

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OMB No. 2040-0004

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PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.4	9.2	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	399	473		*****	10	12		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 39	*****		*****	< 1	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	77	*****		*****	2	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.588	5.029		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	155	185		*****	4.1	5		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

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OUTFALL 001

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.1	8.7	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	270	376		*****	7	9		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	45	*****		*****	1.1	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	65	*****		*****	1.7	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.645	5.782		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 125	159		*****	< 3.2	3.8		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.8	8.2	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 201	< 250		*****	< 6	< 7		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 46	*****		*****	< 1.3	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	52	*****		*****	1.5	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.179	4.571		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH
 ADDRESS: 848 S CONCORD RD
 WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
 WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 114	123		*****	< 3.3	3.4		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	06/30/2016

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.016	.016		0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.047	.047		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.4	7.9	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.8		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 152	< 174		*****	< 5	< 5		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 35	*****		*****	< 1.1	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	48	*****		*****	1.5	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.815	4.249		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP
LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 95	113		*****	< 3	4		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.4	7.8	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.3		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 159	< 175		*****	< 5	6		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	31	*****		*****	1	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46	*****		*****	1.5	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.718	4.163		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 91	107		*****	< 3	3		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.4	8	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 167	181		*****	< 5	6		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 26	*****		*****	< .9	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	58	*****		*****	1.9	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.619	5.958		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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PA0028584	001-A
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MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 90	94		*****	< 3	3		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH
 ADDRESS: 848 S CONCORD RD
 WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
 WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	09/30/2016

DMR Mailing ZIP CODE: 19382

MAJOR S

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.016	.016		0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.00389	.00389		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.6	8.3	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	6.8		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 189	228		*****	< 6	8		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 28	*****		*****	< 1	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	56	*****		*****	1.9	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.553	3.869		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 103	116		*****	< 3.5	4		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.1	8.8	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.8		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	243	270		*****	8	9		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	37	*****		*****	1.2	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.516	4.438		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	108	143		*****	3.7	5		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.2	9.3	*****	mg/L	0	Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	6.8	SU	0	Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	305	378	lb/d	*****	9.2	12	mg/L	0	Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	46	*****		*****	1.4	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001	mg/L	0	Monthly	COMP24
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.94	5.146	MGD	*****	*****	*****	*****	0	Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****	CFU/100 mL	0	Daily	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Moffa		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(610)696-0900	11/25/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 137	178		*****	< 4.2	5.5		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Moffa	TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610)696-0900	11/25/2017
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.016	.016	mg/L	0	Quarterly	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .0037	< .0037	mg/L	0	Quarterly	COMP24
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Moffa		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(610)696- 0900	11/11/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382
FACILITY: WEST GOSHEN STP
LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382
ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.8	9.3	*****	mg/L	0	Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	6.9	SU	0	Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	397	436	lb/d	*****	11.3	12	mg/L	0	Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		*****		*****		*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001	mg/L	0	Monthly	COMP24
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.18	4.908	MGD	*****	*****	*****	*****	0	Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	*****	CFU/100 mL	0	Daily	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Moffa		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(610)696-0900		12/16/201	
				AREA Code	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: WEST GOSHEN SEW AUTH
ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382
FACILITY: WEST GOSHEN STP
LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382
ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT				*****				0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Moffa		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(610)696- 0900	12/16/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP
LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001 - A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****			*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****			*****		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****				0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		*****		*****		*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****				0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
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MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT				*****				0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH
 ADDRESS: 848 S CONCORD RD
 WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
 WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****			*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****			0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****				0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		*****		*****		*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****				0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 19382
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT				*****				0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD
WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 19382

MAJOR \$

(SUBR 01)

OUTFALL 001

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****				0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****				0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

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